

## Los Angeles County Department of Mental Health

**EMPLOYEE ACADEMIC DEVELOPMENT PLAN**

[Must be completed prior to taking academic career development course(s)  
as required by Tuition Reimbursement Policy, Sections 3.2, 3.4 and 4.2]

Please submit this form to the Training and Cultural Competency Bureau with Parts I, II and III completed.

**PART I**

Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Program: \_\_\_\_\_ Title: \_\_\_\_\_

LACDMH Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

No. of months as a LACDMH employee: \_\_\_\_\_

Attach a personal statement which includes the following:

- 1) State your academic goals for which you are requesting tuition reimbursement from LACDMH (e.g., academic degree you will pursue)
- 2) State how these goals further the mission of the Los Angeles County Department of Mental Health
- 3) Life or work experience which meet the mental health needs of Los Angeles County's culturally diverse population.

Provide letter from University stating you are in good standing with the MSW, Ph.D./Psy.D., or MSN Program

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**PART II TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

I recommend this employee for tuition reimbursement and submit three most recent performance evaluations for years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**PART III TO BE COMPLETED BY APPROPRIATE DIVISION CHIEF, ADMINISTRATIVE DEPUTY OR DEPUTY DIRECTOR**

I recommend this employee for tuition reimbursement.

\_\_\_\_\_  
Signature of Chief/Deputy Director

\_\_\_\_\_  
Date

**PART IV TO BE COMPLETED BY THE TRAINING AND CULTURAL COMPETENCY BUREAU**

Application is \_\_\_\_\_ approved \_\_\_\_\_ not approved

Justification: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bureau Chief, Chair

Tuition Reimbursement Application Review Committee

\_\_\_\_\_  
Date